

Registration Information

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Mail-In Registration Starts NOW!

Mail in registration begins with delivery of the activity guide. Belmont Residents registration will be processed first in the order received. Non-resident registration will be held until August 23rd, then processed in the order received. Mail completed registration form and check, made payable to:

City of Belmont
1225 Ralston Ave.
Belmont, CA 94002-1902
Attn: Registration

Walk In

Both residents and non-residents may register in person starting August 23rd. Walk in registration will continue until classes begin. PLEASE REGISTER EARLY TO AVOID CANCELLATION OR FILLING UP. Register at Twin Pines Park, 1225 Ralston Ave. (1½ blocks west of El Camino). Office hours are Monday through Friday, 8:00am-5:00pm.



Fax Registration 595-7419

Fax registration will be accepted if you plan to pay by VISA or Mastercard ONLY! Please write clearly! Fax registration will be processed randomly with the next day's mail. Confirmation/receipt WILL be mailed to you.

Refunds & Credit Vouchers

No refunds or credit vouchers will be issued once a class has begun. Full refunds will be given only for classes canceled or closed by the Recreation Department. A credit voucher/refund will be given if a participant withdraws from a class at least one week before the class begins. There will be a \$5.00 service charge per program. Credits are good for one year from the date of issue. Classes will not be pro-rated for missed sessions.

Family Registration Form Belmont Parks & Recreation Department

- ⇒ Complete registration information below
- ⇒ Make check or money order payable to: CITY OF BELMONT
- ⇒ MAIL TO: Belmont Parks & Recreation Department
1225 Ralston Ave., Belmont, CA 94002-1902



It's Easy! Use your Credit Card!

CARD NUMBER _____
EXP. DATE _____ ☐ VISA ☐ MASTERCARD
SIGNATURE _____
CARDHOLDERS NAME (PRINT) _____
PAID _____

I hereby absolve the City of Belmont, its employees and officers from all liability that may arise as the result of my participation in the activities below, and in the event that the below-named participant is a minor, I hereby give my permission for his/her participation as indicated and in so doing, absolve the City of Belmont, its employees and officers from such liability. I/We agree to allow use of my/our photograph(s) for program publicity.

Signature _____ Date _____ ☐ Parent ☐ Guardian ☐ Participant

Payee Information (Person paying for Registration)

Home Phone _____

Name _____ Day Phone _____

Address _____ City _____ Zip _____

E-Mail Address _____
(if you would like to receive recreation updates monthly by e-mail)

Participant's Full Name	Age	Name of Class/Level	Class Code Numbers		Program Fee	
			1st Choice	2nd Choice	Res	Non



Do you have any special needs that require specific accommodations so you can fully enjoy one of our classes or facilities?
☐ YES, please contact me for more information about my needs.

TOTAL FEES